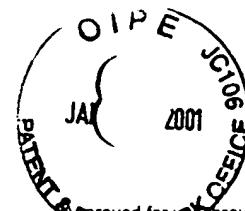


01-22-01

Please type a plus sign (+) inside this box →

PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0133

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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10/87/10
JC984 U.S. PTO

1639 U.S. PTO
01/18/01
JC984 U.S. PTO

REISSUE PATENT APPLICATION TRANSMITTAL

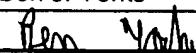
Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	155634-0012
	First Named Inventor	Me Van Le
	Original Patent Number	5,867,343
	Original Patent Issue Date (Month/Day/Year)	February 2, 1999
	Express Mail Label No.	EL692571161US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

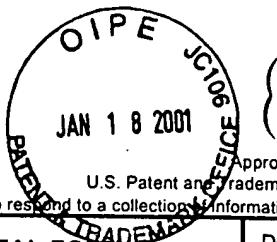
APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)		14. Other:	

15. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
Name	Ben J. Yorks IRELL & MANELLA LLP 840 Newport Center Drive Suite 400			
Address				
City	Newport Beach	State	California	Zip Code 92630
Country	USA	Telephone	949-760-0991	Fax 949-760-5200

NAME (Print/Type)	Ben J. Yorks		Registration No. (Attorney/Agent)	33,609
Signature			Date	January 16, 2001

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PTO/SB/56 (08-00)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
155634-0012

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	x \$ _____ =		or	x \$ 18 = 252.00
(C) 3	Independent claims (37 CFR 1.16(j))		* 6 =	x \$ _____ =			x \$ 80 = 480.00
							\$ 710
							OR \$ 1442.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 18 =		x \$ _____ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS	*****	=	x \$.80 =			
							OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account No. 09-0946. _____
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 1,442.00 _____ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

1/10/01

Date

Signature of Applicant, Attorney or Agent of Record

Ben J. Yorks, Reg. No. 33,609

Typed or printed name

BEFORE THE UNITED STATES PATENT AND TRADEMARK OFFICE



Application for Reissue of:

Me Van Le et al.

U.S. Patent No. 5,867,343

Method And Apparatus For Storing Position Offset Information On A Hard Drive Assembly
Cylinder

JUN 01 1998

PTO/SB/17 (10/97)

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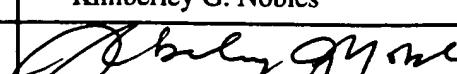
PATENT & TRADEMARK OFFICE
JCA4Approved for use through 09/30/00, OMB 0651-0032
U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office**FEE TRANSMITTAL**Note: Effective October 1, 1997.
Patent fees are subject to annual revision.**TOTAL AMOUNT OF PAYMENT** (\$ 110.00)**Complete If Known**

Application Number	08/713,872
Filing Date	September 13, 1996
First Named Inventor	Me Van Le
Group Art Unit	2753
Examiner Name	Thang V. Tran
Attorney Docket Number	002410.P006X

METHOD OF PAYMENT (check one)1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:Deposit Account **02-2666**
NumberDeposit Account **Blakely, Sokoloff, Taylor & Zafman LLP**
Name Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)2. Payment Enclosed: Check Money Order Other**FEE CALCULATION** (continued)**3. ADDITIONAL FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for reexamination
112	920	112	920 Requesting publication of SIR prior to Examiner action
113	1,840	113	1,840 Requesting publication of SIR after Examiner action
115	110	215	55 Extension for response within first month
116	400	216	200 Extension for response within second month
117	950	217	475 Extension for response within third month
118	1,510	218	755 Extension for response within fourth month
119	310	219	155 Notice of Appeal
120	310	220	155 Filing a brief in support of an appeal
121	270	221	135 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive unavoidably abandoned application
141	1,320	241	660 Petition to revive unintentionally abandoned application
142	1,320	242	660 Utility issue fee (or reissue)
143	450	243	225 Design issue fee
144	670	244	335 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Petitions related to provisional applications
126	240	126	240 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	790	246	395 Filing a submission after final rejection (37 CFR 1.129(a))
149	790	249	395 For each additional invention to be examined (37 CFR 1.129(b))
Other fee (specify) _____			
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 110.00)****SUBMITTED BY****Complete (if applicable)**

Typed or Printed Name	Kimberley G. Nobles			Reg. Number	38,255
Signature		Date	05/26/98	Deposit Account User ID	02-2666

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